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**EFFECTIVE**

July 1, 2014.

**Subject(s)**

1. Application Filing and Registration.
2. FAP fault determination.
3. Subsequent benefits.
4. Voter registration services.
5. Legal base.
6. Hearings.
7. Data exchanges.
8. Food Assistance Program (FAP) group composition.
9. Short Term Family Support (STFS).
10. Adult Medical Program (AMP).
11. Plan First! Family Planning Program.
12. SSI referral, application, denial and appeal.
13. School attendance and student status.
14. MiCAP targeted population.
15. Electronic Benefit Transfer Issuance (EBT) cards.
16. Medical transportation.
17. Miscellaneous.

**1) Application  
Filing Registration****BAM 110****FAP****Authorized Representatives**

If an authorized representative (AR) applies on behalf of the group, verification of identity is required for both the AR and the head of household.

*Reason:* Clarification.

**FAP Only****Who May Be an Authorized Representative**

An AR who applies on the group's behalf and is member of the group can be any age. If outside the group, they must be at least 18.

Age restrictions do not apply for an AR designated by the group to have access to their FAP benefits to buy the group's food and have their own Bridge card.

An AR who applies on behalf of the client and/or has access to the client's FAP benefits must be designated in writing by the client.

*Reason:* Clarify the differences between an AR who applies on half of the group and an AR designated by the group to have access to their FAP benefits.

### **FIP, SDA, RCA, CDC and FAP Only**

#### **Where to Apply/Process Applications**

In Oakland and Wayne counties, specialized districts process applications for refugee individuals and families.

*Reason:* New process.

## **2) FAP Fault Determination**

### **BAM 115**

#### **FAP Only**

The DHS-1605, Notice of Case Action, replaces the DHS-1150E, Food Assistance Application Notice, to inform the group when their standard of promptness (SOP) is being extended if the group is at fault.

*Reason:* Form change.

## **3) Subsequent Benefits**

### **BAM 117**

#### **FAP**

If waived verifications/actions are **not** met by the 10th day following the request (or by the extended date, if granted), take the required actions in Bridges timely to deny the ongoing FAP benefits for the remainder of the benefit period.

*Reason:* Clarification.

#### **4) Voter Registration Services**

##### **BAM 125**

References to the Reference Forms and Publications Manual (RFF) have been removed.

*Reason:* Policy clarification.

*Communication plan:* Revision to current job aid on the OWTD training site.

#### **5) Legal Base**

##### **State Disability Assistance (SDA)**

**BAM 205, 210, 220, 300, 305, 310, 400, 420, 425, 430, 500, 505, 800, 801, 802, 803, 804, 807, 808, 809, 811, 815, 825**

**BEM 203, 220, 221, 223, 225, 240, 256, 271, 272, 400, 500, 501, 503, 504, 505, 520, 615**

The Michigan Administrative Code for State Disability Assistance has been added to the legal base.

*Reason:* Legal base clarification.

##### **Child Development and Care (CDC)**

**BAM 110, 115, 205, 210, 220, 300, 500, 505, 600, 800, 802, 807, 808, 811**

**BEM 100, 203, 220, 221, 225, 245, 270, 500, 501, 502, 503, 504, 505**

*Reason:* Legal base has been updated.

## 6) Hearings

### BAM 600

#### Meaningful Prehearing Conference

When a disputed case action involves a fugitive felon decision, OIG does **not** participate in the conference. The felony warrant letter must be requested from OIG by the Hearings Coordinator prior to the prehearing conference. Please see the Office of Workforce Development and training job aid, Felony Match Related Hearings, OIG & DHS Responsibilities.

#### Withdrawals Requested In-Person at the Meaningful Prehearing Conference

Once the DHS-18M, Hearing Request Withdrawal In-Person Meaningful Prehearing Conference, form is signed in person by the client/AHR, it should be placed in the case file. This form or any other paperwork regarding the hearing request is not to be sent to MAHS.

#### Hearing Decisions

The following exception was added:

***Exception:*** For Medicaid disability determinations, the administrative law judge (ALJ) will review the evidence for completeness and responsiveness and generally make a decision based on the evidence admitted into the record as to disability, including evidence the ALJ has obtained directly.

#### Admission of Evidence

##### SDA and Medicaid Only

When requested evidence is received, the ALJ will review the evidence for completeness and responsiveness and determine whether the evidence is material and relevant.

The client is responsible for providing evidence to support his or her claim. If the client does not provide medical or other evidence the ALJ needs and requests, the ALJ will generally make a decision based on the evidence in record, including evidence the ALJ has obtained directly. To document that the ALJ has made an attempt to fully and fairly develop the record, the ALJ will document all attempts to obtain the evidence as an exhibit(s) in the record.

**Rehearing/Reconsideration Requests**

Reconsideration requests for all programs except Child Development and Care (CDC) should now be sent to Field Operations Administration, Central Office, Grand Tower Building, Suite 1406, and P.O. Box 30037, Lansing, MI 48909 or faxed to (517) 335-3676. The policy email boxes remain the same.

*Reason:* Policy clarifications, state hearings review team (SHRT) decisions removed, and change in mailing address and fax number for reconsideration requests.

**7) Data Exchanges****BAM 800 and 807****Data Exchanges/New Hires**

The new hire information is now received through the Michigan New Hire Operations Center instead of the Michigan Department of Treasury.

**BAM 804****SSA Prisoner Match**

Update the living arrangement type and run eligibility determination benefit calculation (EDBC) when it is verified that the client is incarcerated.

**BAM 807****New Hires**

It is best practice to resolve information obtained from a New Hires report within 21 calendar days from the date the match is reported to the specialist.

*Reason:* Policy update and clarification.

**8) Food Purchase and Preparation****BEM 212****FAP Only**

The word "customarily" is replaced with the word "usually".

*Reason:* Policy clarification.

*Communication Plan:* A memo from the Field Operations Administration and a job aide from the Office of Workforce Development and Training.

## 9) Short Term Family Support

### BEM 218

The STFS policy manual has been reorganized and updated with emphasis on the specialist being responsible for determining if an applicant who is FIP eligible meets the criteria for the STFS program.

Do not offer STFS to a work eligible individual (WEI) applicant if they refuse suitable employment without good cause within 30 days prior to the date of application or while the application is pending.

Only offer STFS to a family if there is a verifiable source of income in the next 60-90 days.

Examples of when a family may be eligible for STFS have been added.

The specialist must document in Bridges *Case Comments* the decision and reason used for offering the family STFS.

STFS can only be authorized within 30 days of the application date. If the specialist is unable to authorize the STFS by this date, process the application for ongoing FIP.

Verification Requirements were added to the policy item.

*Reason:* Policy reorganization and update.

## 10) Plan First! Family Planning Program

### BEM 124

The Plan First! Family Planning Program, a health coverage program operated by the Michigan Department of Community Health (MDCH), has been removed from the Bridges Eligibility Manual (BEM).

*Reason:* The waiver ended June 30, 2014.

**11) AMP**

**BEM 113, 221, 225, 240, 256, 260, 261, 271, 400, 500, 501, 503, 504, 615**

**BAM 110, 115, 120, 130, 210, 220, 300, 310, 400, 402, 600, 800, 802, 803, 804, 805, 807, 808, 809**

**All Programs**

References to the Adult Medical Program (AMP) have been removed as the program has ended.

*Reason:* Program ended March 30, 2014.

**12) SSI Referral,  
Application, Denial  
and Appeal****BEM 271****STATE DISABILITY ASSISTANCE (SDA)**

SDA is now aligned with MA for final SSI determinations.

For clients receiving SDA/MA the SSA's determination that disability or blindness does not exist for SSI **is final** and the SDA/MA case must be processed for closure if:

- The determination was made after January 1, 1990, **and**
- No further appeals may be made at SSA; see Exhibit II in BEM 260, **or**
- The client failed to file an appeal at any step within SSA's 60-day limit, **and**
- The client is **not** claiming:
  - A totally different disabling condition than the condition SSA based its determination on, or
  - An additional impairment(s), change, or deterioration in his/her condition that SSA has reviewed and not made a determination on yet.

**Note:** If the client alleges either condition listed above, obtain a new medical report and resubmit to the MRT for a new determination in accordance with BEM 260.

**13) School  
Attendance and  
Student Status**

*Reason:* The MRT follows the SSA rules.

**BEM 245****FIP Only****Dependent Children**

If a refugee or dependent child with equivalent immigration status has resettled in Michigan during a school year or a summer month; and the school will not allow enrollment for the dependent child until the start of the next school term/year, email the FIP-SDA-RCA policy mailbox for a policy exception per Policy Exception policy in BEM 100. See Refugees in BEM 630 for equivalent immigration status.

*Reason:* Clarification.

**14) MiCAP Targeted  
Population****BEM 618****FAP**

The client must receive SSI income only and no other income.

*Old Policy:* The client must receive the full amount of SSI income and no other income.

*Reason:* Align policy with the MiCAP demonstration waiver.

**15) EBT Cards****BAM 401E****FIP, SDA and FAP****EXCESSIVE CARD REPLACEMENT RULE**

Issuance of four or more Electronic Benefit Transfer (EBT) cards has been shown to be a potential indicator of fraud and abuse of Food Assistance Program (FAP) benefits. It may also be an indicator of the potential need for a referral to protective services in situations where benefits are suspected of being misused.



In the department's ongoing efforts to combat fraud and abuse, and to comply with new Food and Nutrition Services (FNS) policy, the following procedure will be implemented:

- Xerox will send a Card Withholding letter to all households when they are at their 4th replacement card within a 12 month period, notifying them that they have reached the number of issued cards threshold, and at their 5th card replacement request their card will not be issued until they have gone into the local office to speak directly to the district manager or county director.
- Upon the client's request for a 5th card, a second Card Withholding letter will be sent by Xerox notifying the client that they have exceeded the number of card requests allowed, and that they must contact their local office to schedule an appointment to speak directly to the district manager or county director in order to get another card. Xerox will inform clients calling to request replacements of this requirement.
- The district manager or county director will meet with the client in question and review their situation and explanation. Based on this contact, the county director or district manager will make appropriate referrals and issue a new EBT card under their authority. The situation, referrals, and approval shall be recorded on the authorization document. Copies of the authorization document shall be stored in the local office and the case record. Copies will also be forwarded the appropriate business service center (BSC) director.
- To meet FNS guidelines, EBT replacement cards must be available for pick up or placed in the mail within two business days following notice by the household to the State agency that the card has been lost or stolen. A copy of the authorization form may be used to locally issue an EBT card as appropriate.

## **16) Medical Transportation**

### **BAM 825**

#### **MA**

Specialists must review and evaluate the client's non-reimbursed transportation resources before authorizing transportation. The MSA-4674, Medical Transportation Statement, found at

[http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42553-43782--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42553-43782--,00.html) must be returned in 90 days for payment by the department.

## 17) Miscellaneous

### **BEM 401, Trusts - MA**

The Office of Legal Services, Trust & Annuities Unit, is no longer accepting faxed evaluation requests for trusts or annuities.

*Reason:* Policy update.

### **BAM 110**

#### **All Programs**

#### **Request for Assistance**

The filing form is now found before the application rather than the last page of the information booklet in the DHS-1171 packet.

*Reason:* Food and Nutrition Service (FNS) audit finding.

### **Glossary**

#### **BAM 130, 402, 600, 815**

#### **BEM 260, 271**

The State Hearings Review Team (SHRT) definition and references removed.

*Reason:* SHRT is eliminated.

### **Glossary**

Administrative Hearings, Administrative Law Judge and Administrative Tribunal definitions have been updated to reference Michigan Administrative Hearings System (MAHS) within Licensing and Regulatory Affairs (LARA) instead of State Office of Administrative Hearing and Rules (SOAR) within Department of Labor and Economic Growth (DLEG).

*Reason:* Name changes.

**BAM 310**

Minor grammatical changes were made. References to prevention services were removed as prevention is done by Children's Services Administration.

**BAM 402****Benefit Monitoring Program**

The Beneficiary Monitoring Program is now the Benefit Monitoring Program.

*Reason:* Name change of program.

**BEM 101****MA DESK AID**

FIP-related categories have been removed. Information for the former FIP-related, now MAGI Medicaid is found in MAGI policy manual.

*Reason:* Compliance with Affordable Care Act (ACA) changes.

**BEM 100**

Minor grammatical updates were made throughout the item: "Division of Program Policy" was changed to "Field Operations Administration." Quality Control was changed to Office of Quality Assurance and Internal Control and email addresses were updated.

**BEM 405**

Update of the private nursing home costs for the divestment penalty calculation.

**BEM 657**

Added reference to the DCH-1426, Application for Health Coverage & Help Paying Costs. The income limit has increased to 195% FPL.

**MANUAL  
MAINTENANCE  
INSTRUCTIONS****Changed Items ...**

[BAM 110](#)  
[BAM 115](#)  
[BAM 117](#)  
[BAM 120](#)  
[BAM 125](#)  
[BAM 130](#)  
[BAM 205](#)  
[BAM 210](#)  
[BAM 220](#)  
[BAM 300](#)  
[BAM 310](#)  
[BAM 400](#)  
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